

2254

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Miami, Gila County Arizona No. _____ St. _____

SEX OF CHILD*	Twin <u>single</u>	and	Number in order of birth
<u>Male</u>	Triplet or other?		<u>7</u>
DATE OF BIRTH* <u>March, 10th 1915</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER <u>George Jasper Walser</u>		
FULL* MAIDEN NAME	MOTHER <u>Nelle Turley</u>		

I HEREBY CERTIFY that the child described herein has been named

Paul Leroy Walser
(Give name in full) (Surname)

Geo. J. Walser
(Parent's Signature)

F. F. Miller Present whereabouts not known.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.

6M 7/11/40

769-310-538